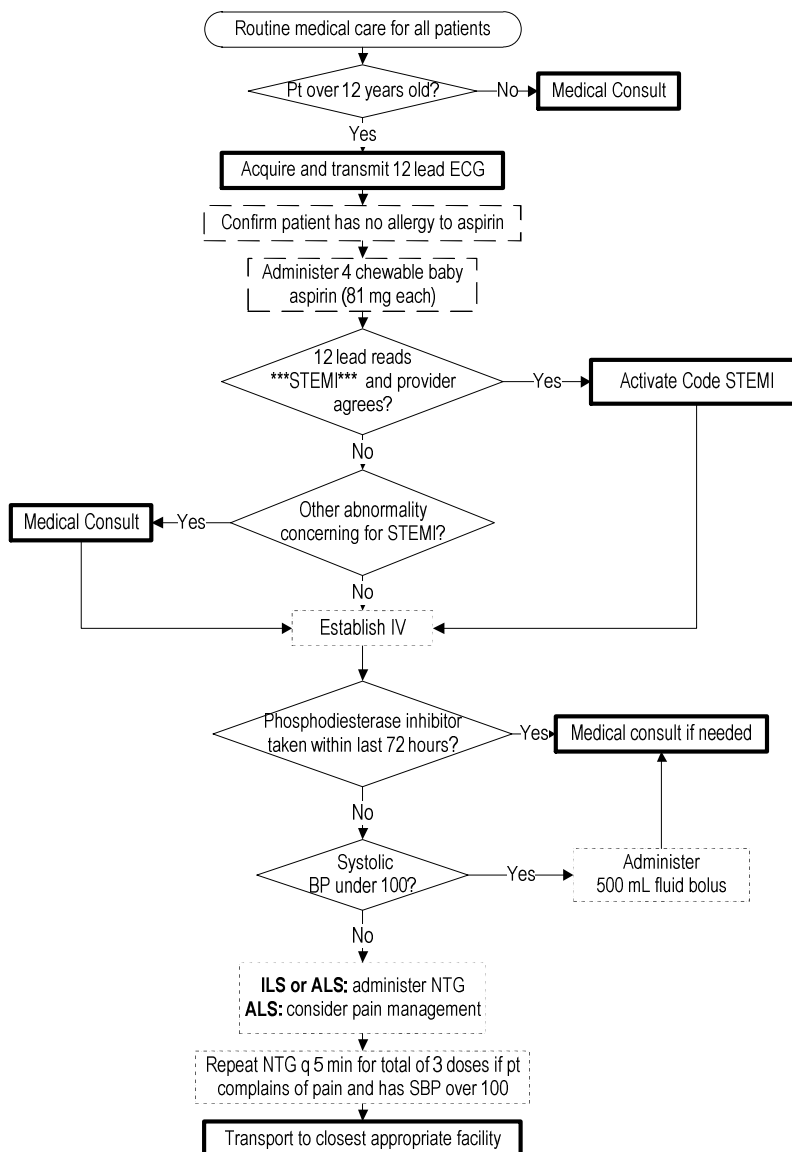


Initiated: 12/10/82
Reviewed/revised: 4/1/14
Revision: 24

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
ANGINA/ACUTE CORONARY
SYNDROME (ACS)**

Approved by: M. Riccardo Colella, DO, MPH, FACEP
WI EMS Approval Date: 6/22/11
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History:	Signs/Symptoms:	Working Assessment:
History of cardiac problems: bypass, cath, stent, CHF Hypertension Diabetes Positive family history Smoker Cocaine use within last 24 hours Available nitroglycerine prescribed for patient	Chest, jaw, neck, arm, upper abdominal and/or back pain Nausea Diaphoresis Shortness of breath Acute fatigue/ Generalized weakness Syncope Palpitations Abnormal rhythm strip: ectopy, BBB, new onset atrial fibrillation	Angina Acute Coronary Syndrome



Notes:

- Phosphodiesterase inhibitors include medications used for pulmonary hypertension (i.e. Flolan, Veletri, Remodulin).
- If inferior or right ventricular infarct, consult medical control prior to administering NTG.
- A pregnant patient with a 12-lead diagnostic of a STEMI should receive a full dose of aspirin (324 mg).
- A 12-lead ECG should be done on all patients with a working assessment of Angina/ACS, even if pain free.
- A 12-lead ECG should be done as soon as possible after treatment is started; goal is within ten minutes.
- If the patient's symptoms have been relieved but return, repeat 12-lead ECG and continue NTG every 5 minutes until the patient is pain free.